

POWER OF ATTORNEY

EMPLOYER INFORMATION (Please type or print)

Business Name			State Employer Account Number(s)
Owner or Corporation Name			SSN/Corporate Number
Street Address			FEIN Number(s)
City	State	ZIP	Telephone Number(s)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact to represent the employer before the Employment Development Department regarding the employer's business activities. This power of attorney allows the employer's representative access to confidential tax information and will remain in effect until it is revoked by the employer or corporate officer.

REPRESENTATIVE INFORMATION - Include all representatives authorized to receive tax information. (Please type or print)

Representative Business Name			Telephone Number(s)
Representative Name			
Street Address			FAX Number
City	State	ZIP	

Representative Business Name			Telephone Number(s)
Representative Name			
Street Address			FAX Number
City	State	ZIP	

This Power of Attorney revokes all earlier Power(s) of Attorney on file with the Employment Development Department.

Signature of Employer

Date

Print Name

CORPORATION

I certify that I have the authority to execute this Power of Attorney on behalf of the Corporation named herein.

Signature of Officer

Title

Date

Print Name

Social Security Number